

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90082 018 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005327**

1. Corporation Name
STOREHOUSE, INC.

Principal Place of Business 4200 PERIMETER PARK S SUITE 100 ATLANTA GA 30366 US	Mailing Address 4200 PERIMETER PARKS SUITE 100 ATLANTA GA 30366 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified 10/30/1995	4. FEI Number 58-1075665	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL
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10. Name and Address of New Registered Agent 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MYNATT, W C
STREET ADDRESS	4200 PERIMETER PARK S
CITY-ST-ZIP	ATLANTA GA 30341
TITLE	V <input type="checkbox"/> DELETE
NAME	GOLDSTEIN, RICHARD
STREET ADDRESS	4200 PERIMETER PARK S
CITY-ST-ZIP	ATLANTA GA 30341
TITLE	CFOV <input type="checkbox"/> DELETE
NAME	LAURIE O KAHN
STREET ADDRESS	4200 PERIMETER PARK S
CITY-ST-ZIP	ATLANTA GA 30341
TITLE	D <input type="checkbox"/> DELETE
NAME	O'DONNELL, JAMES
STREET ADDRESS	4200 PERIMETER PARK S
CITY-ST-ZIP	ATLANTA GA 30341
TITLE	DC <input type="checkbox"/> DELETE
NAME	CURREY, FRED G
STREET ADDRESS	4200 PERIMETER PARK S
CITY-ST-ZIP	ATLANTA GA 30341
TITLE	VC <input type="checkbox"/> DELETE
NAME	WOOD, JAMES R
STREET ADDRESS	4200 PERIMETER PARK S
CITY-ST-ZIP	ATLANTA GA 30341

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURIE O. KAHN

Date

Daytime Phone #

1-27-99 (770) 457-1176

CR2E034 (11/98)